

**NEW YORK STATE DEPARTMENT OF HEALTH
1% STATEWIDE ASSESSMENT – PUBLIC GOODS POOL
INSTRUCTIONS**

ALL REPORTING PERIODS COMMENCING JANUARY 1, 2005 MUST BE SUBMITTED ELECTRONICALLY.

Gross inpatient receipts for services rendered for the Statewide Assessment are defined in legislation as all monies received for hospital inpatient services. Hospitals are required to contribute monthly to the Statewide Assessment, 1.00% of all inpatient revenues received. Payments to the Statewide Assessment are to be computed on inpatient revenues received for service(s) rendered or provided to patients discharged on or after January 1st of a calendar year.

Hospitals are to exclude such items as distributions received from the Regional and Statewide NYPHRM Pools, reimbursement for physicians' excess malpractice insurance, SPARCS fees, telephone and television charges, HCRA surcharge payments received and any distribution from the Health Care Initiatives Pool or General Hospital Indigent Care Pool. **Note that distributions from the Professional Education Pool are assessable.**

You are reminded to electronically file the 2005 report for monies received in calendar year 2006 for services provided to patients discharged during 2005. The 2005 report is required to be filed monthly during 2006 even if no activity is reported. For 2004 and prior service years, no report is required unless monies (including recoveries) are received relating to such periods, in which case the appropriate year's reporting form would be submitted. To ease the reporting burden on hospitals, any recoveries received during 2006 related to discharges prior to January 1, 2006 may be added to the amounts otherwise reported on Line 1 of the 2005 Statewide reporting form.

CERTIFICATION FORM

MONTH/YEAR: Enter month and year for which data is being reported.

HOSPITAL: Enter name of hospital.

ADDRESS: Enter address of hospital.

FEDERAL TAX ID #: Enter federal identification number used by the hospital for federal tax purposes.

OPERATING CERTIFICATE #: Enter hospital's operating certificate number.

COMPLETED BY/TITLE/TELEPHONE: Enter name, title and telephone number of the person who will be responsible for providing the Department related information regarding the provider's report form(s).

CERTIFICATION: Enter name of person who is certifying to the accuracy and correctness of the report form(s) submitted.

SIGNATURE/DATE: The person responsible for certifying the accuracy and correctness of the report form(s) submitted must sign and date the form.

TYPE/PRINT NAME: Print or type the name of person responsible for certifying the accuracy and correctness of the report form(s) submitted.

TITLE: Enter title of person responsible for signing the Certification form.

STATEWIDE ASSESSMENT REPORT

Hospital: Enter name of hospital.

Operating Certificate No.: Enter hospital's operating certificate number.

For Month of: Enter month and year for which data is being reported.

Contact Person/Telephone Number: Enter name and telephone number of the person who will be responsible for providing the Department related information regarding the provider's Remittance Advice Form.

ENTER WHOLE DOLLAR AMOUNTS ONLY

Note that any amounts prescribed below as being derived from the **2006 Public Goods Pool - Hospital Inpatient Services Report** would be extracted from the appropriate service year portion of the report filed for the same month being reported on this report.

Line 1 - Total Net Patient Services Revenue Received, including surcharges. Report here, the amount reported on Line 1 of the hospital's Public Goods Pool - Hospital Inpatient Services Report for the corresponding service year.

Line 2 - Less Revenue Non-Assessable for the Statewide Assessment. Report non-assessable net patient services revenues received during the report month according to the following categories.

IMPORTANT NOTE: All these amounts must have been included on Line 1 - Total Net Patient Services Revenue Received, including surcharges on the Public Goods Pool - Hospital Inpatient Services Report for the corresponding service year.

- a. Report on this line, the amount reported on Line 2(d) of the hospital's Public Goods Pool - Hospital Inpatient Services Report (revenue received from a public hospital pursuant to an affiliation agreement) for the corresponding service year.
- b. Report on this line, the amount reported on Line 2(e) of the hospital's Public Goods Pool - Hospital Inpatient Services Report (revenue received for residential health care and hospice services) for the corresponding service year.
- c. Report here, the amount reported on Line 2(f) of the hospital's Public Goods Pool - Hospital Inpatient Services Report (physician practice or faculty practice plan revenue based on discrete billings for private practicing physician services) for the corresponding service year.
- d. Report on this line, the amount reported on Line 2(g) of the hospital's Public Goods Pool - Hospital Inpatient Services Report (payments received **directly** from the Public Goods Pool included in Line 1) for the corresponding service year. This would include, but not limited to, payments received directly from the Health Care Initiatives Pool and the Tobacco Control and Insurance Initiatives Pool.

- e. Report here, the amount reported on Line 2(h) of the hospital's Public Goods Pool - Hospital Inpatient Services Report (government deficit financing grant revenue) for the corresponding service year.
- f. Report on this line, any non-GME Pool distributions from the Public Goods Pool and any NYPHRM Pool distributions, which are not included on Lines 2(d) and 2(e). Examples include Health Care Services Pool and General Hospital Indigent Care Pool distributions. These non-assessable amounts would have been included in the amount reported on Line 2(i) (Other) of the hospital's Public Goods Pool - Hospital Inpatient Services Report for the corresponding service year. Please note that the amount reported on Line 2(i) of the Public Goods Pool report may include items that (although not subject to the Public Goods Pool assessments) are subject to the 1% Statewide Assessment and therefore **should not** be included in the amount reported on this line. For example, GME Pool distributions and co-payments received from patients eligible for medical assistance pursuant to Title 11 of Article 5 of the Social Services Law (Medicaid) are subject to the 1% Statewide Pool assessment.

Line 3 - Total Non-assessable Revenue. This line is the sum of Lines 2(a) through 2(f).

Line 4 - Total Assessable Revenue. Line 1 minus Line 3.

Line 5 - Less Gross Surcharges Payable. Report on this line, the amount reported on Line 14 - Gross Surcharges Payable of the hospital's Public Goods Pool - Hospital Inpatient Services Report for the corresponding service year.

Line 6 - Net Assessable Revenue Received. Line 4 minus Line 5.

Line 7 - Statewide Assessment. Multiply the amount reported on Line 6 by 1.00% and enter the result.

Line 8 - Plus/Minus 2006 Overpayments/Underpayments. If your facility has overpaid/underpaid its Statewide Assessment liability, include this amount on this line. **However, please note that overpayments/underpayments for service years prior to 2006 should be included on Line 8 of the 2005 Statewide Remittance Advice Form.**

Line 9 - Amount Due the Statewide Assessment. Line 7 minus Line 8. This amount should agree with the check amount you are submitting to the Pool Administrator. Please enter your operating certificate number on the check.

If the amount reported on Line 8 is greater than the amount reported on Line 7, enter the difference on this line in brackets (). The overpayment made by your facility to the Statewide Assessment should be credited against your facility's next months Statewide Assessment liability.